

# **EXHIBIT 1**

**Golightly & Vannah vs. Hamlett, et al.**  
**Case No. 3:16-cv-00144-MMD-VPC**

**JOINT STATUS REPORT**

# **EXHIBIT 1**

ORIGINAL

Code: 1130

Name:

T.J. Allen

Address:

1475 TERTIAL WAY Ste A4  
RENO, NV. 89502

Telephone:

775-770-2225

Self-Represented Litigant

~~IN THE FAMILY DIVISION~~

OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF WASHOE

COLLINS & VANNAH, PLLC

Plaintiff / Petitioner / Joint Petitioner,

Case No.

CV16-00245

Dept. No.

7

vs.

T.J. Allen LLC

Defendant / Respondent / Joint Petitioner.

ANSWERAdmit

List the paragraph(s) in the Complaint or Petition with which you agree.

A. I admit the allegations in Paragraph(s)

See Attached "Answer"

If more room is needed, attach additional sheets.

# NEVADA NECK AND BACK

D r . T . J . A l l e n

CHIROPRACTIC PHYSICIAN

1475 TERMINAL WAY, SUITE A4 RENO, NEVADA 89502 Phone 775-770-2225 Fax 775-448-9626

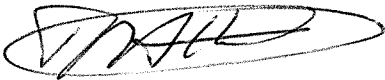
## ANSWER

March 18th, 2016

To Whom it may concern,

This letter is to serve as my answer to Case No. CV16-00245. My office provided medical care and treatment to Hal Hamlet who's balance is \$1,907.00, Jessica Hamlett who's balance is \$2,255.00 and Jonathan Holland who's balance is \$2,279.00 for injuries they sustained in a motor vehicle accident on 08/02/2013. I believe my treatment to be reasonable for his injuries. In the interest of good will, I am willing to reduce their balances by 50% plus expenses of \$213.00 or whatever the court deems reasonable and fair.

Sincerely,

A handwritten signature in black ink, appearing to read 'TJ Allen', enclosed within a hand-drawn oval.

TJ Allen, DC

**Deny**

List the paragraph(s) in the Complaint or Petition with which you do not agree.

B. I deny the allegations in Paragraph(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If more room is needed, attach additional sheets.

**Do Not Have Knowledge**

List the paragraph(s) in the Complaint or Petition about which you do not know whether  
the allegations are true.

C. I do not have enough knowledge to know if the allegations are true in Paragraph(s) \_\_\_\_\_


\_\_\_\_\_  
\_\_\_\_\_

If more room is needed, attach additional sheets.

This document does not contain the Social Security number of any person.

I declare, under penalty of perjury under the law of the State of Nevada, that the foregoing  
is true and correct.

Date: 3/22/16

Your Signature: 

Print Your Name: T.J. Allen

Code: 3720

Name: T.J. AllenAddress: 1475 TERMINAL WAY Ste 14  
RENO, NV. 89Telephone: 775-770-2225

Self-Represented Litigant

IN THE FAMILY DIVISION  
 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
 IN AND FOR THE COUNTY OF WASHOE

Golightly + UAWNA, PLLC Case No. CV16-00245  
 Plaintiff / Petitioner / Joint Petitioner,

Dept. No. 7

vs.

T.J. Allen, LLC  
 Defendant / Respondent / Joint Petitioner.

PROOF OF SERVICE

Pursuant to Nevada Rule of Civil Procedure 5(b), I served a true and correct copy of the

Interpleader Answer filed on  
 (Name of document(s) served)

3/22/16 in the manner(s) and at the location(s) described below. A copy  
 (Date of filing)

of this Proof of Service has been mailed or personally delivered to all parties or their lawyer.

Service DescriptionFill in the information requested on the next page for each person who has been served.

If a person was served by United States Postal Service certified mail, you must attach the  
 return receipt to this document.

A copy of the above named document(s) was served upon the following people:

1. Name: Golightly & Varval Date: MAR 22 2016  
 (Name of the person who was served) (Date of service: month / day / year)

By: ☒ Personal service -OR- ☐ Service by U.S. Mail, postage prepaid -OR-

☐ Certified mail, return receipt attached -OR- ☐ Other: \_\_\_\_\_

Address: 5555 Kietzke Ln. #150  
 (Mailing address or physical address where service took place)

Reno, NV. 89511

2. Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Name of the person who was served) (Date of service: month / day / year)

By: ☐ Personal service -OR- ☐ Service by U.S. Mail, postage prepaid -OR-

☐ Certified mail, return receipt attached -OR- ☐ Other: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Mailing address or physical address where service took place)

If more room is needed, attach additional sheets.

This document does not contain the Social Security Number of any person.

I declare under penalty of perjury, under the law of the State of Nevada, that the foregoing statements are true and correct.

Date: 3/22/16

Signature:

[Signature]

Print Your Name:

T.J. Aiken